



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: GIBSON GENERAL HOSPITAL

City of Hospital: Princeton

Year Begin: 10/01/2017 (mm/dd/yyyy format)

Year End: 09/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Dawn Michel

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Medicare Provider Number: 151319

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4650204
Outpatient Patient Service Revenue	\$43715586
Total Gross Patient Service Revenue	\$48365790

2. Deductions From Revenue

Contractual Allowance	\$23030857
Other Deductions	\$330137
Total Deductions	\$23360994

3. Total Operating Revenue

Net Patient Service Revenue	\$25004796
Other Operating Revenue	\$416236
Total Operating Revenue	\$25421032

4. Operating Expenses

Salaries and Wages	\$9403233	Employee Benefits	\$2817359
Depreciation and Amortization	\$1304781	Interest Expense	\$318122
Bad Debt	\$1836411	Other Expenses	\$9057419
Total Operating Expenses	\$24737325		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$683707	Total Assets	\$20894626
Net Non-operating Gains over Loss	\$-600942	Total Liabilities	\$10644435

Total Net Gains	\$82765
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$23390448	\$11812004	\$11578444
Medicaid	\$7828034	\$6943293	\$884741
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$17147309	\$4275560	\$12871749
Total	\$48365791	\$23030857	\$25334934

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$147554	\$147554	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$330137	
HCI Payments	\$0		
Subtotal	\$0	\$330137	\$-330137
Medicaid Shortfalls	\$884741	\$3792572	
Subtotal	\$884741	\$4122709	\$-3237968
DSH Payments	\$0		
Subtotal	\$884741	\$4122709	\$-3237968
Medicare Shortfalls	\$11578444	\$11332342	
Other Government Programs	\$0	\$0	
Total	\$12463185	\$15455051	\$-2991866

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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